

The Healthy Families Program and Medi-Cal for Families Campaign

**Outreach Plan for
Fiscal Year 2006-2007
and
Evaluation of
Fiscal Year 2005-2006**

**Fourth Report to the Legislature
In compliance with Welfare and Institutions
Code Section 14067(b)**

**April 2006
State of California
Department of Health Services**

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THE HEALTHY FAMILIES PROGRAM (HFP) AND MEDI-CAL FOR FAMILIES (MCF) OUTREACH CAMPAIGN

*California Department of Health Services
2006 Report to the Legislature*

EXECUTIVE SUMMARY

State law requires the California Department of Health Services (CDHS), in conjunction with the Managed Risk Medical Insurance Board (MRMIB), to submit an annual outreach plan to the Legislature, in those years for which there is funding for outreach. This report is submitted to fulfill this mandate. (Assembly Bill 2780 (Chapter 310, Statutes of 1998), which amended Section 14067 of the Welfare and Institutions Code)

Background

From 1999 to 2003, the State conducted a comprehensive statewide outreach and media campaign to promote awareness of the availability of the low-cost Healthy Families Program (HFP) and no-cost Medi-Cal for Families (MCF) for uninsured children under age 19. The Healthy Families Program and Medi-Cal for Families (HFP/MCF) campaign was discontinued in 2003 due to State budget constraints. Although funding for most campaign components was discontinued effective June 30, 2003, funding continued for the toll-free outreach line (888) 747-1222 to assist applicants in enrolling in the programs.

For the first time in two years, the FY 2005-2006 Budget Act provided funding for reimbursement payments to Certified Application Assistants (CAAs) who help parents successfully complete applications in order to increase enrollment and retention of uninsured children eligible for HFP and Medi-Cal.

Increasing Enrollment and Retaining Children in Health Coverage

The Schwarzenegger Administration is committed to ensuring that children have access to affordable health insurance coverage. Access to appropriate health care services is essential to a child's success in school and life. Toward that end, the Governor's Budget places priority attention on the 55 percent of uninsured children who are eligible for HFP or Medi-Cal but not enrolled. The Governor's Budget includes \$72.2 million (\$34.2 million General Fund) to reconstitute a more comprehensive outreach strategy to identify, educate and enroll children eligible for public programs. Specifically, the budget proposes strategies to promote and maximize enrollment in HFP and Medi-Cal, improve the retention of children already enrolled and support county-based outreach efforts to enroll eligible children in existing public programs. Taken together, these proposals will help California make significant progress toward covering the majority of eligible uninsured children in the state.

Increasing Enrollment and Retention

This report describes the proposals in the FY 2006-2007 Governor's Budget for HFP/MCF Outreach Campaign Activities:

- Provide new funding of \$19.685 million (\$8.496 million General Fund) for counties to partner with a broad range of public and private community organizations to perform outreach, streamlined enrollment, health coverage retention assistance, and education on appropriate utilization of health care services.
- Provide new funding of \$3.4 million (\$1.4 million General Fund) for a media campaign that targets the families of eligible uninsured children who are not enrolled in HFP/Medi-Cal.
- Continue funding of \$11.8 million (\$4.8 million General Fund) for the \$50 application assistance reimbursement payments for successful joint applications, and the \$25 application assistance reimbursement payments for successful HFP annual eligibility review (AER) forms.
- Provide new funding of \$2.5 million (\$1 million General Fund) in incentive application assistance reimbursement payments to encourage CAAs to increase their quarterly volume of successful applications assisted for HFP and Medi-Cal.
- Provide increased funding of \$250,000 (\$125,000 General Fund) for staffing of the outreach toll-free line to enable prompt response to callers' requests for information and applications.
- Increase availability of the electronic application, Health-e-App, through the internet to the general public and encourage CAAs and the public to enroll children using this interactive system.
- Streamline the HFP enrollment process.
- Retain health coverage for children by simplifying the Medi-Cal redetermination form used to determine if beneficiaries remain eligible for services.
- Revise the joint HFP/Medi-Cal application to further reduce barriers to families applying for health coverage for their children.

This report includes the results of two FY 2005–2006 HFP/MCF Outreach Campaign Activities:

- Application Assistance Reimbursement Payments
- Outreach Toll-free line (1-888-747-1222)

INTRODUCTION

In July 1998, California's Healthy Families Program (HFP) administered by the Managed Risk Medical Insurance Board (MRMIB), joined forces with the Medi-Cal program administered by the California Department of Health Services (CDHS) to provide low-cost and no-cost health care coverage to uninsured children under 19 years of age in low and moderate income families.

HFP provides low-cost medical, dental, and vision care coverage to uninsured children in working families who are not eligible for no-cost full scope Medi-Cal. Monthly premiums are \$4 to \$15 per month per child with a maximum of \$45 for all children in the family. As of December 31, 2005, there were 742,325 children enrolled in HFP and nearly two million children have been provided health coverage through the HFP since its inception.

Medi-Cal provides no-cost medical, dental and vision care coverage for children and pregnant women. As of December 31, 2005, more than 3.4 million children under age 19 were enrolled in Medi-Cal.

Eligibility for both HFP and Medi-Cal is determined by family size, children's ages and family income. If a child qualifies for no-cost Medi-Cal he/she does not qualify for HFP. If the family income is too high to be eligible for no-cost full scope Medi-Cal, the child may qualify for HFP.

Healthy Families Program and Medi-Cal for Families (HFP/MCF) Campaign

CDHS conducted a comprehensive outreach and education campaign from July 1998 to June 2003 that included paid media, public relations, corporate sponsors, community outreach, and print materials. The HFP/MCF media and community outreach campaign activities were discontinued in 2003 due to State budget constraints. Funding continued for the toll-free outreach line (888) 747-1222 to assist applicants enroll in the programs.

Ensuring children in California have health insurance remains a high priority for the Administration. Reflecting this priority, the Fiscal Year (FY) 2005-2006 budget protected HFP and Medi-Cal expansions and reforms enacted earlier in the decade that have increased health coverage for low-income children. In addition, the FY 2005-2006 budget included \$15 million for the enrollment and retention of uninsured children eligible for HFP and Medi-Cal through application assistance reimbursement payments. As a result, HFP and Medi-Cal have decreased the number of uninsured children in California by more than 400,000 since 2001.

Problem Statement: California has done a remarkable job of covering uninsured children; 95 percent of eligible children are enrolled in Medi-Cal and 90 percent of eligible children are enrolled in HFP. While this is a considerable achievement, nearly 800,000 children remain uninsured.

Despite impressive increases in HFP and Medi-Cal enrollment over the past several years, a significant number of California children remain uninsured. Many of these eligible uninsured children are not enrolled in California public health insurance programs. Recent data indicate that there were approximately 780,000 uninsured children in 2003 and over half (55 percent) of these uninsured children (approximately 428,000¹) were eligible for either HFP or Medi-Cal. This is due to a number of factors, including parents of eligible children being unaware of their child's eligibility for the programs. Most parents thought their income was too high even though their children were eligible for public coverage or were confused about program requirements.

Solution: The Governor's 2006-2007 Budget proposes funding for three strategies to provide coverage to all eligible uninsured children who are not enrolled in the Medi-Cal and HFP. The strategies include: allocating funding to counties for expanded outreach, enrollment, and retention activities, launching a targeted statewide media campaign, and streamlined HFP enrollment.

Statutory Reporting Requirement

Section 14067 of the Welfare and Institutions Code authorizes the CDHS, in conjunction with MRMIB, to develop and conduct a community outreach and education campaign to help families learn about and apply for the HFP and Medi-Cal programs.

In conducting the campaign, CDHS and MRMIB may seek input from, and contract with, various entities and programs that serve children, including, but not limited to, the California Department of Education; counties; the Women, Infants, and Children (WIC) program agencies; Head Start and Healthy Start programs; and community-based organizations that assist potentially eligible families and children in the outreach, education, and application completion process. The department must implement the campaign if funding is provided for this purpose by an appropriation in the annual Budget Act or other statute.

Section 14067 also requires that an annual outreach plan be submitted to the Legislature by April 1 of each Fiscal Year in those years for which there is funding for outreach. The plan must address both HFP and Medi-Cal programs for children, and must include:

- 1) Specific milestones and objectives to be completed for the upcoming year and their anticipated cost.

¹ JR Kincheloe, ER Brown. *The State of Health Insurance in California: Findings from the 2003 California Health Insurance Survey*. UCLA Center for Health Policy Research. Los Angeles, CA. August 2005.

- 2) A general description of each strategy or method to be used for outreach.
- 3) Geographic areas and special populations to be targeted, if any, and why the special targeting is needed.
- 4) Coordination with other state or county education and outreach efforts.
- 5) The results of previous year outreach efforts.

Report's Format

This report is comprised of the HFP/MCF Campaign Outreach Plan for FY 2006-2007 and an Evaluation of FY 2005–2006 HFP/MCF campaign activities.

PROPOSED HFP/MCF CAMPAIGN OUTREACH PLAN FOR FY 2006-2007

County Allocations

Plan: \$19.685 million is proposed by the Administration to be budgeted in FY 2006-2007 for allocations to counties to conduct culturally and linguistically appropriate outreach and enrollment activities to increase children's health coverage.

During the first quarter of FY 2006-2007, CDHS will establish the county allocation standards and will work with counties to negotiate their work plans. The funding level for FY 2006-2007 is lower than the annualized funding starting FY 2007-2008 to allow for the time required to develop and approve work plans including the ramp up time counties will need to begin the outreach and enrollment project.

The county allocations will build on the existing local structures, experience, and knowledge gained by counties in their efforts to increase enrollment of uninsured children in children's health coverage. One of the key strategies to increase enrollment of uninsured children will be follow-up with the families who requested ongoing HFP and Medi-Cal coverage at the Child Health and Disability Prevention (CHDP) Program Gateway and have not submitted applications. The allocations will be aligned with current county efforts to integrate and coordinate outreach; streamlined enrollment; and improve retention and utilization (OERU).

The new outreach allocations will complement and build on existing foundation and First 5 outreach funding strategies to cover uninsured children. In addition, the new State support will allow existing or developing local county health initiatives to increase enrollment of HFP and Medi-Cal eligible children, while freeing up county and foundation resources to invest in providing coverage for children ineligible for HFP and Medi-Cal possibly through the MRMIB's County Buy-In Program or a local Healthy Kids Program. The county allocations for outreach will increase enrollment of eligible uninsured children who are not enrolled in the HFP and Medi-Cal program.

OERU Summary: The primary focus of allocations to counties will be on *outreach* and streamlined *enrollment*. A secondary focus is on *retention* of health coverage to reduce disenrollment rates and education on appropriate *utilization* of health care services.

Outreach. Successful county outreach efforts have utilized a wide variety of community organizations that perform targeted HFP and Medi-Cal outreach and enrollment activities to reach a large number of the hard-to-reach uninsured children. Targeted, grassroots outreach activities will require the counties to

provide innovative and culturally appropriate outreach and enrollment approaches. Counties will partner with the following types of organizations:

- *Schools*: Counties will form a strategic partnership with local schools. The schools are an important and trusted conduit of information to parents.
- *Community-based, faith-based and labor organizations*: Counties will forge relationships with non-traditional organizations to broaden the outreach and enrollment network and ensure that families have access to enrollment assistance in all areas of the community. This includes reaching out to labor organizations, childcare organizations, small businesses and faith-based sites. It also includes subcontracting with organizations that reach underserved ethnic and minority communities with high rates of eligible uninsured children.
- *Frequently accessed safety net providers (In-Reach)*: Counties will partner with the providers frequented by uninsured families, including CHDP-Program Gateway, social services agencies, Federally Qualified Health Centers and community clinics. In-reach activities at these gateway sites will be an essential component of a successful outreach campaign. The county allocations will further facilitate the work of counties' in-reach activities by better integrating the CHDP program and the gateway enrollment with outreach and enrollment assistance.

Streamlined Enrollment. The counties will implement a seamless, user-friendly enrollment process. This approach will offer a coordinated and streamlined assistance model that allows families to access available children's health coverage programs through a single contact at a variety of settings, rather than forcing them to navigate the distinct processes of each program. The State will encourage counties to offer application assistance that reflects this approach, including:

- One-on-one application assistance with the enrollment process that includes intensive follow-up to make sure that all required documentation necessary to complete the application is submitted;
- Involvement of social service agencies to make the system as user friendly as possible; and
- The use of an electronic application process (Health-e-App) whenever possible to expedite the process. The State will encourage counties to use Health-e-App for the enrollment process.

Retention. The allocations will require counties to promote retention of coverage and health education. Families that utilize and value the health benefits are more likely to retain health coverage. The county will maintain contact with families

throughout the year to ensure that their mailing address information is up-to-date (since families move frequently) and will contact families who are due for their annual review to provide annual review application assistance.

Utilization. The allocations will require counties to encourage families to use healthcare services once enrolled. Such activities include assistance in obtaining services and education on appropriate use of preventive services. This is an integral component in ensuring increased enrollment, retention and appropriate utilization of health care services. Utilization education:

- Complements grassroots outreach and enrollment, as the counties promote the importance of comprehensive coverage that breaks down a barrier to initial enrollment.
- Continues when families are ready to submit the application as counties educate families on the array of health benefits covered by HFP/Medi-Cal coverage. This includes an explanation of medical, dental, vision benefits, when to go to a doctor, etc.
- Continues after children receive coverage, as counties are required to follow-up with families to find out if they have taken their child to the doctor and understand how to navigate the system and use their benefits.

Funding Approach. Prior to receipt of the funding, the county Board of Supervisors will designate a lead organization for overseeing the outreach activities. This will allow counties to designate a county health department, local First 5 commission, or a community based organization to oversee the county allocation.

CDHS will use a two level county allocation process. The allocations to the counties will be based on both the number of eligible but not enrolled children (to address enrollment), and the HFP/Medi-Cal caseload for children (to address utilization and retention), with a weighted average emphasizing enrollment activities.

1. *Level 1 Allocations:* The majority of funds (\$17.185 million) will be allocated to the counties with the highest number of eligible but not enrolled children and highest HFP and Medi-Cal caseloads. CDHS has selected the top 20 counties based on two criteria:
 - a) Counties with the largest numbers of children who are eligible for HFP or Medi-Cal but not enrolled²; and

² Refer to Exhibit A Level 1 County Allocations and Methodology.

- b) Counties with the largest HFP/Medi-Cal caseloads, in order to retain the children that are already enrolled.

The methodology used to select the top 20 counties for Level 1 funding assigns a heavier weighting to the counties with the highest number of eligible, but not enrolled children³. The top 20 counties represent 93 percent of the eligible but not enrolled children. The State will partner with these Level 1 counties to decrease the number of uninsured children within the following counties:

Alameda, Contra Costa, Fresno, Kern, Los Angeles, Merced, Monterey, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Stanislaus, Tulare, and Ventura.

2. *Level 2 Allocations*: The remaining counties that do not meet the allocation criteria for Level 1 may apply for funding under Level 2, if they can demonstrate that they have an established coalition for children's outreach and enrollment that has been in place for at least twelve months. A pool of funds will be designated (not more than \$3,000,000) to allow these counties to apply for an allocation. After reviewing county applications, plans and budgets, the State expects to allocate funds to approximately 5-10 counties (approximate maximum amount of \$250,000-\$300,000 per county).

Allocation Standards. CDHS will establish minimum standards for the Level 1 counties and the Level 2 counties that apply for an allocation. Upon release of the standards, the lead county entity (as approved by the Board of Supervisors) will submit the county's allocation plan and budget to CDHS. Once CDHS allocates the funds, the Level 1 and Level 2 counties are bound by their outreach plan to meet the minimum standards, goals, and objectives in their plan.

Minimum Standards. The county allocation plan will identify the lead entity and all collaborative partners. Plans will conform to the following requirements:

- Oversee and complete the outreach, enrollment, retention and utilization activities;
- Follow-up with every child whose family requests HFP and Medi-Cal coverage through the CHDP Gateway, but does not return the application;
- Submit performance monitoring reports to CDHS documenting the progress on these activities and required outcomes; and

³ CDHS received custom data reports from the UCLA Center for Health Policy Research. UCLA derived the estimates of eligible but uninsured children from data collected by the California Health Insurance Survey (CHIS). Refer to Exhibit B to read UCLA's statement on the research methods.

- Demonstrate formal partnerships (e.g. subcontracts, MOUs) with a network of community based organizations, schools and safety net providers to appropriately reach underserved communities.

Each county must submit quarterly progress report in order for CDHS to determine if the county is complying with the standards set forth in the county's outreach and enrollment plan. CDHS staff will monitor the counties through a review of the quarterly progress reports, a review of Medi-Cal Eligibility Data System enrollment data in the county, and review outreach efforts through on-site visits.

Payment Procedures

Any work performed by the county (including entities receiving any of the allocation funds through the county) that is reimbursed by application assistance fees, or reimbursed by Medi-Cal Administrative Activity funds cannot be submitted for payment under the county allocation plan. Reimbursements for costs incurred under the allocation plan will be made in arrears.

CDHS may recoup or withhold all or part of a county's allocation for failure to comply with the standards set forth in the county's outreach and enrollment plan upon which the allocation was made.

Media Campaign

Plan: \$3.4 million is proposed by the Administration to be budgeted in FY 2006-2007 for a public education media campaign to promote awareness of children's health coverage through Medi-Cal and HFP.

During FY 2006-2007, CDHS will select an advertising contractor through a competitive procurement process. Upon award of the contract, the initial phase of the campaign will require extensive primary and secondary research to develop the campaign advertising strategy to target the hard-to-reach population of families with children who are eligible, but not enrolled. The State anticipates that the media campaign development and advertising production would span over a period of 6 months or more. Funding for FY 2006-2007 is at a lower level than ongoing funding starting in 2007-2008 because of the lengthy time required for contractor procurement and development of the media ads.

The statewide media campaign will encourage enrollment and retention in available public children's health coverage programs. The culturally and linguistically sensitive advertising campaign will promote awareness of the availability of children's health coverage through HFP and Medi-Cal and local children's coverage programs. The scope of the paid media campaign will include general market and ethnic television, radio, and outdoor advertising complemented by a collateral tool kit to be distributed to each county lead

agency to facilitate event planning, production of printed materials and grassroots outreach efforts.

Focus of Campaign: The media campaign will be designed to increase awareness of the availability of affordable children's health coverage. The media campaign's targeted messaging will be grounded in research. For example, the campaign will address barriers cited in the Urban Institute and the November 2005 UCLA Center for Health Policy Research report. It will increase awareness of public coverage and encourage enrollment, retention and appropriate utilization of health coverage. It will target the parents of eligible but not enrolled children and will focus on the state's ethnically and linguistically diverse communities.

Messages: Messages will help to dispel the misconceptions about eligibility for the programs and create awareness of the availability and importance of health care coverage for children. The "call to action" in the media campaign would be to call the toll-free line to find out how easy it is to apply and enroll, and that application assistance is available. The call to action will also reinforce the community based assistance that is available through the counties to help enroll children.

Other message points will focus on utilization of preventive health care that will educate parents of the value of these health care benefits. Messages will also target parents who use periodic short-term care through CHDP and do not enroll their children in comprehensive coverage through HFP/Medi-Cal. Additional messages will be developed to educate and encourage parents to keep their children enrolled at the time of annual renewal.

Lessons Learned: CDHS will build upon the lessons learned from the previous outreach and education campaign experience to guide the strategic development of a new campaign strategy. CDHS learned to craft messages that effectively communicate:

- The cost of the programs
- Program eligibility requirements for working families
- Ease of applying by mail or by phone
- Free local assistance to complete the joint HFP/Medi-Cal application
- Parents can choose child's health plan and doctor
- Act now - call the toll-free line to apply

The focused research efforts in the first year of the media campaign will identify other approaches to increase the enrollment of children in HFP and Medi-Cal.

These messages will be culturally and linguistically sensitive to reach ethnic populations. Appropriately crafted messages and messengers will be needed to effectively reach families that have not yet enrolled their eligible children.

Application Assistance Reimbursement Payments

Plan: \$11.8 million (\$4.8 million General Fund) is proposed by the Administration to be budgeted in FY 2006-2007 for the \$50 application assistance reimbursement payments for successful applications, and the \$25 application assistance reimbursement payments for successful HFP annual eligibility review (AER) forms. An additional \$2.5 million (\$1 million General Fund) is proposed by the Administration to be budgeted for incentive reimbursement payments to encourage Certified Application Assistants (CAAs) to increase their quarterly volume of successful applications for HFP and Medi-Cal.

The \$50 application assistance reimbursement payments will continue to sustain critical Enrollment Entity (EE) community outreach efforts that are not funded through the county allocations. CDHS will implement safeguards to prevent application assistance reimbursement payments for the same outreach activities funded by the county allocations. CDHS will require counties receiving allocation funds to submit a work plan that pre-identifies any EE that provides application assistance and is receiving funds under the county allocation. CDHS will use that list to prevent reimbursement payments to those EEs.

Currently, a \$50 application assistance reimbursement payment is paid for each successful assisted joint application that results in enrollment into HFP or Medi-Cal and a \$25 application assistance reimbursement payment is paid for each successful HFP AER form. To be eligible for the incentive reimbursement payments, the EE would have to increase the number of successful assisted initial applications or AER forms by 20 percent (20%) over the prior quarter. The incentive payment would be 40 percent (40%) of the total payments made in the qualifying quarter, which translates into an additional \$20 per successful assisted joint application and \$10 per successful AER for the HFP. The incentive payment would be paid in a lump sum payment at the end of the next quarter.

Outreach Toll-free Line (1-888-747-1222)

Plan: \$250,000 is proposed by the Administration to be budgeted in FY 2006-2007 to increase the staffing for the outreach toll-free line (1-888-747-1222) as a result of the media campaign and county outreach.

Toll-Free Customer Support: The toll-free line and application fulfillment are critical components to enrollment. The toll-free number will be prominently displayed on the TV screen during ads and repeated on radio ads. Building on lessons learned from the previous campaign, applications will be sent out quickly

to callers and prompt follow-up from community partners will encourage enrollment.

Additional Strategies to Increase Enrollment and Retention of Children's Health Coverage

During FY 2006-2007, the following proposed initiatives are planned to be implemented to help increase enrollment and retention of children in HFP and Medi-Cal.

- **Health-E-App:** The Governor's proposed 2006-2007 budget includes funding to increase the availability of the electronic application, Health-e-App, to the general public. The State will encourage CAAs and the public to enroll children using this interactive system that provides real time eligibility screening. The Health-e-App is easy to use and has increased the quality of completed HFP and Medi-Cal applications, which saves administrative time, costs and increases enrollment. Current access to Health-e-App has been limited to State-approved users.
- **Medi-Cal Annual Redetermination Form:** The Governor's proposed 2006-2007 budget includes funding to simplify the Medi-Cal form used to determine a child's continued eligibility. CDHS has worked with counties and stakeholders to make the annual form to determine continued eligibility simpler and easier to use. The simplified form will increase retention and help ensure that children already enrolled in Medi-Cal stay in the program. The simplified form also includes authorization to share information with the HFP for children ineligible for no-cost Medi-Cal which will help streamline the HFP enrollment process for those children transitioning from Medi-Cal to HFP.
- **Streamlined HFP Enrollment:** The Governor's proposed 2006-2007 budget includes changes that will streamline the HFP enrollment process. These changes include eliminating the requirements for submission of an initial premium payment and plan selections with the application. Under this proposal, HFP will bill the premium upon enrollment and will enroll children in the community provider health plan and available dental and vision plans in the county of residence. The subscriber may change plan selections three months after initial enrollment in the HFP.
- **The joint HFP/Medi-Cal application:** The Governor's FY 2005-2006 budget includes the revision of the joint HFP/Medi-Cal application to further reduce barriers to families applying for HFP and Medi-Cal. The revisions will improve the application lay-out and design, include an authorization to release information to CAAs as well as an authorization to share information between health care programs and make it more user-friendly. In revising the joint application, CDHS and MRMIB have incorporated feedback from stakeholder

organizations, health plans, CAAs, HFP Advisory Panel members, and county representatives. The revised application is expected to be available in early summer.

EVALUATION OF FISCAL YEAR 2005-2006 OUTREACH CAMPAIGN

Application Assistance Reimbursement Payments

\$11.7 million (\$4.9 million General Fund) was budgeted for FY 2005-2006 to reestablish application assistance reimbursement payments.

Accomplishments:

Between July 2005 and January 2006 Application Assistance Reimbursement payments totaled \$1,626,175 for:

- 19,815 Successful HFP Applications
- 14,389 Successful HFP – Annual Eligibility Review (AER) forms
- 5,514 Successful Medi-Cal Applications

Results as of January 2006:

- Active Enrollment Entities (EEs) increased by 277 percent since July 2005. (560 EEs to 1, 550 EEs)
- 6,780 active Certified Application Assistants (CAAs) statewide.
- There is a dedicated EE/CAA Services Unit that continues to administer and monitor all services related to EE eligibility process; CAA registration and training; toll-free line help desk; reimbursement payments; and provides direct support to local EE/CAAs.

Monthly Average of Assisted Applications Received at Single Point of Entry:

- January 2005 through June 2005: 4,370
- July 2005 through December 2005: 6,645
(152% increase since reimbursements reinstated)

CAA Newsletter Articles

Monthly newsletters are issued to CAAs to share important HFP and Medi-Cal information. Every CAA newsletter contains a welcome to all new EE/CAAs and their names are listed in each edition. Recent editions included these articles:

- February 2005-EE reimbursements are coming back.
- June 2005-How to become an EE/CAA.
- August 2005-Reimbursements are back; Keeping your EE status active to qualify for reimbursements; and How to request CAA trainings (web-based/in person).

- October 2005-Check your EE reimbursement payments online through the Health E App online system and Helpful EE/CAA Resources.
- December 2005- Most common errors made on EE reimbursement payment denials.

CAA Trainings

Web-based online CAA training in English was initiated in February 2005. As of January 2006, approximately 600 individuals had completed the training and the final exam on-line. Of this group, 88 percent successfully passed the exam and were certified. In March 2006, a Spanish version of the Web-based online CAA training was released. A Refresher Web-based online training course is scheduled for release in April 2006 to provide updated program information for previously certified application assistants that may have not been providing application assistance recently.

Outreach Toll-free Line (1-888-747-1222)

The toll-free line (1-888-747-1222) is publicized on a variety of outreach materials, including pamphlets and leaflets used in school outreach efforts throughout the state. Since January 2004 call center staff have helped applicants by filling in the family's information on the application form and mailing the preprinted application to the applicant to sign and submit required supporting documentation.

Accomplishments:

From July 2005 through January 2006:

- 18,115 telephone preprinted applications were completed by call center staff and mailed to applicants
- 94,700 application requests for the joint application were mailed to applicants

A chart displaying a summary of callers by language from July 1, 2005, through January 30, 2006, is displayed below:

Language	# of Callers
English	31,876
Spanish	14,597
Vietnamese	398
Cantonese	293
Russian	53
Korean	151
Farsi	99
Cambodian (Khmer)	50
Hmong	14
Armenian	5
Total	47,536

EXHIBITS

Exhibit A - Level 1 Counties

County	CHIS DATA** # uninsured (est.)	MC & HF*** Caseloads	Weighted Value**** U + C/4	Allocation Percentage	Allocation Year 1
Los Angeles*	135,000	1,384,907	481,226.75	36.80%	\$6,324,521
Orange	46,000	257,485	110,371.25	8.44%	\$1,450,554
San Diego	51,000	236,907	110,226.75	8.43%	\$1,448,655
San Bernardino*	33,000	263,668	98,917.00	7.56%	\$1,300,016
Riverside*	32,000	216,758	86,189.50	6.59%	\$1,132,745
Fresno	11,000	163,284	51,821.00	3.96%	\$681,057
Sacramento	11,000	159,541	50,885.25	3.89%	\$668,759
Alameda*	12,000	113,230	40,307.50	3.08%	\$529,741
Kern	7,000	126,603	38,650.75	2.96%	\$507,967
Santa Clara*	7,000	117,935	36,483.75	2.79%	\$479,488
San Joaquin	7,000	88,661	29,165.25	2.23%	\$383,304
Tulare	5,000	87,409	26,852.25	2.05%	\$352,906
Stanislaus	5,000	69,715	22,428.75	1.72%	\$294,770
Ventura	5,000	69,242	22,310.50	1.71%	\$293,216
Monterey**	6,335	52,620	19,490.00	1.49%	\$256,147
Contra Costa	3,000	60,279	18,069.75	1.38%	\$237,482
Santa Barbara	7,000	43,154	17,788.50	1.36%	\$233,785
Merced	5,000	45,927	16,481.75	1.26%	\$216,611
San Mateo*	7,000	35,114	15,778.50	1.21%	\$207,369
San Francisco*	2,000	48,582	14,145.50	1.08%	\$185,907
Total	397,335	3,641,021	1,307,590.25		\$17,185,000

***Medi-Cal
Caseload for
month of June
2005, CDHS
Fiscal
Forecasting
and Data
Management
Branch.
Healthy
Families
Caseload by
County, **** Weighted Value:
**** Weighted Value:
September Uninsured count +
data from California 2005, Healthy Families Report by 4)
Health Insurance Survey data MM-002

*Existing Child Health Initiative Program

**The UCLA Center for Health Policy Research derived this data from California Health Insurance Survey data

Exhibit B - UCLA Statement on Research Methods

Modeling Uninsured Eligible Children by County/Strata

The estimates are a composite of “direct” estimates (developed directly by analyzing California Health Interview Survey, CHIS, data) and “modeled” estimates (developed by more complex statistical modeling using CHIS data).

Wherever possible, direct estimates from the CHIS 2003 are used in this table. These are the most desirable measures of uninsured children (ages 0-18) and of uninsured children who are eligible for Medi-Cal or Healthy Families. However, after examining the data, 28 out of 41 counties/stratum in CHIS 2003 did not have stable estimates that could be reported. (Estimates were considered unstable or unreliable if the coefficient of variation exceeded 30 percent.)

To compensate for this instability, we developed statistically modeled estimates using population characteristics of the counties and the uninsured rate of their surrounding regions. Using this greater population to model the estimates allows for increased stability, although this method means the estimate is influenced by the uninsured rate of the larger geographic area.

Using both the direct and the modeled county/strata-level CHIS 2003 estimates, we then applied the ratio of uninsured eligible children in each region to the counties within that region. For the Sacramento Area, however, the regional estimate was still unstable. We pooled the CHIS 2001 and 2003 datasets and averaged the total to derive a stable regional estimate, which was then applied to the estimate of uninsured children for each county in that region, based on CHIS 2003 data. This gave us our final results – estimates of the number of uninsured children who are eligible for Medi-Cal or Healthy Families within each county/strata.

**These estimates produced by
the UCLA Center for Health Policy Research**